

City of Torrance
Cultural Services Division
Community Services Department
3031 Torrance Boulevard
Torrance, CA 90503

**COMMUNITY ARTS GRANT PROGRAM 2014-2015
FOR ARTS ORGANIZATIONS AND ARTISTS**

DEADLINE: Wednesday May 7, 2014

APPLICATION DEADLINE AND INSTRUCTIONS

Before completing your application, please read all the following instructions:

1. **DEADLINE** for filing is **WEDNESDAY, May 7, 2014 at 5:00pm**. All projects or programs funded during this grant period must begin no earlier than July 1, 2014 and end no later than June 30, 2015.
2. **Grant applications must be received in the Torrance City Clerk's office by the deadline. Please hand-deliver or mail applications to: Torrance City Clerk's Office, City Hall, 3031 Torrance Blvd., Torrance, CA 90503. NO LATE MAIL APPLICATIONS WILL BE ACCEPTED.**
3. All information requested on the application must be provided. If a question does not apply to you, please state "not applicable" (N/A). Please be brief and DO NOT attach supplementary information, as it will not be reviewed by the grant review committee.
4. An application will be returned if the eligibility requirements are not met, or if the proposed project/program does not fall within the scope of the Grant Program.
5. Grant recommendations will be based on information obtained through the application and on the evaluation criteria listed in the guidelines.
6. All organizations must provide a copy of your IRS determination letter of 501 (C)(3) non-profit status. Individuals must submit a letter from a non-profit organization indicating willingness to act as their fiscal receiver for the grant funds.
7. The Grants Committee of the Torrance Cultural Arts Commission will review all applications and make recommendations to the entire Commission for approval. The Torrance City Council will determine grant awards after receiving recommendations from the Torrance Cultural Arts Commission.
8. Financial and Narrative reports on the grant project/program are mandatory, and must be submitted by July 30, 2014. Grantees that do not turn in their reports in a timely manner may not be considered for future funding.

City of Torrance

COMMUNITY ARTS GRANT PROGRAM
GRANT APPLICATION 2014 - 2015

I. SUMMARY INFORMATION

A. APPLICANT INFORMATION

Organization _____ Phone # _____

Street Address _____ City _____ Zip _____

Name of Contact Person _____

Title of Contact Person _____ Phone # _____

Email Address _____

Website Address _____

B. PROGRAM/PROJECT TITLE _____

C. TOTAL AMOUNT REQUESTED FROM CITY OF TORRANCE (Amount requested can be between \$500 and \$2,500; all grant awards must be matched 1 to 1)

\$ _____

D. TYPE OR PRINT NAME AND TITLE OF AUTHORIZING OFFICIAL:

Name of Authorizing Official

Signature of Authorizing Official

Date

II. NON-PROFIT STATUS INFORMATION

Please furnish the date when your organization or fiscal receiver was incorporated in California as a non-profit organization. Date: _____

Be sure to include with your grant application one of the following:

*A copy of your organization's proof of non-profit status under Section 501 (c)(3) OR

*A copy of your fiscal receiver's proof of non-profit status under Section 501 (c)(3).

III. PROGRAM INFORMATION

Please address the following questions in no more than two single-sided 8 ½" x 11" pages with 1" margins and 11 point font or larger. All answers must be type-written. Number each page and indicate applicant's name in the upper right of each page.

Title of Project/Program:

1. Describe the project/program for which grant funds are being sought.
2. What is the relevancy of this project/program to the Torrance community?
3. What is the need that will be met through the implementation of this program/project?
What goals do you hope to achieve?
4. What specific activities will be conducted to implement this project/program?
5. Where and when are these activities planned?
6. Will the program/project be free to the public? If not, what will ticket prices or other fees be?
7. Who are the lead artists and artistic personnel involved in this project/program?
8. How will you market this program to the public? Please include use of social media, i.e. Facebook, etc. What audience are you trying to reach?
9. What is the estimated number of people you plan to serve by this project? Indicate the age groups (youth, adults, seniors) that you expect this program/project to serve during the grant period.
10. How will you assess if this project/program has been successful?
11. Are your organization's facilities and services accessible to individuals with disabilities?
_____ YES _____ NO
12. Please use this space to provide any additional information you would like the grant review committee to know.

IV. PROJECT BUDGET SHEET

	Complete for Request <u>Estimate</u>	Complete for Final Report <u>Actual</u>
<u>Expenses (Direct Cost of Grant/Project)</u>		
<i>Personnel</i>		
Current Staff Wages for this project	\$	\$
New Staff Wages for this project	\$	\$
<i>Production</i>		
Artists Fees	\$	\$
Royalties	\$	\$
Space Rental(s)	\$	\$
<i>Publicity and Outreach</i>		
Fliers	\$	
Ads	\$	
Other		
<i>Other Costs (please describe)</i>		
_____	\$	\$
_____	\$	\$
_____	\$	\$
<u>Total Expenses:</u>	\$	\$
<u>Income:</u>		
<i>Earned Income</i>		
Ticket Sales	\$	\$
Other Earned Income (indicate sources)		
_____	\$	\$
_____	\$	\$
<i>Grants</i>		
_____	\$	\$
_____	\$	\$
<i>Donations (indicate sources)</i>		
Cash	\$	\$
Goods	\$	\$
Services	\$	\$

Other Income (indicate sources)

_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL INCOME (must equal or exceed funds granted)	\$	\$
GRANT REQUEST FROM CITY OF TORRANCE	\$	\$
PROJECT TOTAL	\$	\$